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CENTRAL FAX CENTER

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|--|------------------------|-------------------|-------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) Total Number of Pages in This Submission: 7 | Application Number | 10/017,640 | NOV 22 2005 |
| | Filing Date | December 14, 2001 | |
| | First Named Inventor | William Matz | |
| | Art Unit | 3629 | |
| | Examiner Name | J. P. Ouellette | |
| | Attorney Docket Number | BS01342 | |

ENCLOSURES

(Check all that apply)

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks: | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|-------------------|----------------------|-----------|--------|
| Name (Print/Type) | Bambi Faivre Walters | Reg. No.: | 45,197 |
| Signature | <i>Bambi Walters</i> | | |
| Date | 11/22/05 | | |

CERTIFICATE OF TRANSMISSION / MAILING

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|---|---------------------------|------|----------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Name (Print/Type) | Maureen M. Pettine | Date | 11/22/05 |
| Signature | <i>Maureen M. Pettine</i> | | |

**RECEIVED
CENTRAL FAX CENTER****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****NOV 22 2005****In re application of:** William Matz et al.**Group Art Unit:** 3629**Application No.:** 10/017,640**Examiner:** J. P. Ouellette**Filed:** December 14, 2001**Title:** "System and Method for Identifying Desirable Subscribers"**VIA FACSIMILE 571-273-8300****Attn:** Examiner J. P. Ouellette**37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: 11/22/05 (date of transmission).

Maureen M. Pettine

Name of Person Faxing This Paper

Maureen M. Pettine

Signature

November 22, 2005

Date of Transmission

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (p. 1). The references cited are as follows:

| | | |
|-----------|---------------|---------|
| 6,353,929 | Houston, John | 03/2002 |
| 5,872,588 | Aras, et al. | 02/1999 |
| 5,796,952 | Davis, et al. | 08/1998 |

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, the certification fee is believed to be required (37 CFR § 1.97b(3)).

It is respectfully requested that the references listed on the attached form be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,



Bambi F. Walters
Attorney for Applicants
Registration No. 45,197
P. O. Box 5743
Williamsburg, VA 23188
Telephone: 757.253.5729

Date: 11/22/05

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number 10/017,640

Filing Date December 14, 2001

First Named Inventor William Matz

Examiner Name J. P. Ouellette

Art Unit 3629

Attorney Docket No. BS01342

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CENTRAL FAX CENTER

NOV 22 2005

TOTAL AMOUNT OF PAYMENT

\$180.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other
☐ Deposit Account

Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

FILING FEES

SEARCH FEES

EXAMINATION FEES

| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
|------------------|----------|-----------------------|----------|-----------------------|----------|-----------------------|----------------|
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims

- 20 or HP =

Extra Claims

Fee (\$)

x _____

Fee Paid (\$)

= _____

Fee (\$)

Small Entity Fee (\$)

50

25

200

100

360

180

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims

- 3 or HP =

Extra Claims

Fee (\$)

x _____

Fee Paid (\$)

= _____

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

- 100 =

Extra Sheets

/ 50

(round up) x

Fee (\$)

=

Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Supplemental IDS

\$180.00

SUBMITTED BY:

Name (Print/Type)

Bambi F. Walters

Registration No.
(Attorney/Agent)

45,197

Complete (if applicable)

Telephone:

(757) 253-5729

Signature

Bambi F. Walters

Date

11/22/05

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number 10/017,640

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☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other

☐ Deposit Account

Deposit Account No. 18-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except for the filing fee

☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | | SEARCH FEES | | | EXAMINATION FEES | |
|------------------|-------------|-----------------------|----------|-----------------------|----------|-----------------------|------------------|--|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | |
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| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| | | | |
|--------------|--------------|----------|---------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| _____ | _____ | x _____ | = _____ |

Fee (\$)

Small Entity Fee (\$)

50

25

200

100

360

180

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3.

| | | | |
|---------------|--------------|----------|---------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| _____ | _____ | x _____ | = _____ |

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| | | | |
|--------------|--------------|----------|----------------------------------|
| Total Sheets | Extra Sheets | Fee (\$) | Fee Paid (\$) |
| _____ | _____ | / 50 | _____ (round up) x _____ = _____ |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Supplemental IDS

\$180.00

SUBMITTED BY:

| | | | | | |
|-------------------|-------------------------|-----------------------------------|--------|------------|----------------|
| Name (Print/Type) | Bambi F. Walters | Registration No. (Attorney/Agent) | 45,197 | Telephone: | (757) 253-5729 |
| Signature | <i>Bambi F. Walters</i> | | Date | 11/22/05 | |

